

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2011
FORM APPROVED
OMB NO. 0938-0391

45th 9/24/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445382	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2011
NAME OF PROVIDER OR SUPPLIER PIGEON FORGE CARE & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 415 COLE DRIVE PIGEON FORGE, TN 37863		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 021 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure two (2) of eight (8) corridor fire doors closed to a positive latch. (NFPA 101, 19-3.6.3.)</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Director, on August 10, 2011 at 10:25 a.m. confirmed the corridor fire doors by room 118 and 220 failed to close to a positive latch.</p>	K 021	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The corridor fire doors by room 118 and 220 were repaired and adjusted to close to a positive latch on August 11, 2011.</p> <p>How do you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken? All other corridor fire doors throughout the facility were inspected with adjustments made to insure that all facility corridor fire doors close to a positive latch on August 11, 2011.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. The Maintenance Director in-serviced maintenance staff on the proper procedure to ensure that all corridor fire doors close to a positive latch on August 10, 2011.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place. The Maintenance Director or designee will complete a weekly audit of corridor fire doors to inspect for door closure with a positive latch for three months with findings reported to the Performance Improvement Committee monthly. If compliance for fire door positive closure is achieved then the audit will be moved to monthly thereafter.</p>		
K 056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard</p>	K 056			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 056	<p>Continued From page 1</p> <p>for the installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper-switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure when sprinklers are converted to quick-response sprinklers, all sprinklers in the compartment shall be changed (NFPA 13, 5-3.1.5.2). The findings include: Observation and interview with the Maintenance Director, in the corridor, on August 10, 2011 between 8:30 a.m. and 11:00 a.m. confirmed two (2) sprinkler heads in each compartment in the 100 and 200 halls, by rooms 102, 104, 130, 132, 230, and 232 were converted to quick-response heads and failed to change the remaining standard response heads in those compartments</p>	K 056	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Century Fire completed a entire facility audit of Sprinkler Head System on August 11, 2011 to identify sprinkler heads in the same compartments that were not of the same response heads.</p> <p>How do you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken? 100% of maintenance staff has been in-serviced as to the requirements that all sprinkler heads are of the same response time to ensure on-going compliance on August 10, 2011.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. Sprinkler Head System replacement work has been contracted with Century Fire to replace the 24 miss-matched heads by September 16, 2011.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place. Maintenance will complete a monthly environmental audit of sprinkler system to ensure compliance and report findings to the Performance Improvement Committee monthly for three months and then quarterly thereafter.</p>	9-16-11	